

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047070

6657

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JAN 14 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
B. Casebolt
MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH- a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Riverscene Nursing Home		d. STREET ADDRESS (If outside, give location) Trailer Acres	
540 Highland		4520 State Avenue	
3. NAME OF DECEASED (Type or print) First JAKOB Middle MATAN Last MATAN		4. DATE OF DEATH Month 12 Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-25-89
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months 5 Days 7 Hours 12 Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Co. laborer		10b. KIND OF BUSINESS OR INDUSTRY Quindaro Water Co. ?	
11. BIRTHPLACE (City and state or country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY "Unknown"	
13a. FATHER'S NAME "Unknown"		13b. MOTHER'S MAIDEN NAME "Unknown"	
14. NAME OF HUSBAND OR WIFE Dora Matan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address K.C., K. Records: Wyandotte County Welfare	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertension DUE TO (b) arteriosclerosis DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) sanctity PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11 a.m. 30 Month, Day, Year Dec 1, 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Kansas STATE Kansas	
21. I attended the deceased from Dec 1, 1962 to Dec 24, 1962 and last saw him alive on Dec 24, 1962 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Casebolt (Degree or title)		22b. ADDRESS 4000 Baltimore Rd	
22c. DATE SIGNED 12-24-62		22d. LOCATION (City, town, or county) Kansas City, Kansas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-31-62	23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery	
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES(S) K.C., MO.		25. DATE RECD. BY LOCAL REG. 12-28-62	
26. REGISTRAR'S SIGNATURE Ruth Long		27. DATE SIGNED 12-28-62	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Moore

Licensed Embalmer No. 4729

P. O. Address Trinida, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.